

EXHIBIT A

Appeal Documents



Request for External Review

You may be eligible for an External Review at no cost to you if ALL of the following apply:

- You have exhausted BCBSM's internal appeals process (unless waived because BCBSM did not complete its review within the required time).
- The request is within 4 months of receipt of a Final Adverse Determination.
- The patient was covered on the date of service.
- The health care service appears to be a covered benefit.
- And, where these requirements are met, the external reviewer determines the claim decision involves medical judgment, or that there was a rescission of coverage.

1. Patient Name | Name of INSURED Person
Jacob Perrone Ashley Perrone

BCBSM Policy (Contract) Number | Group Number | Claim number (if applicable)

Dates service was received or requested | If service was received, enter date received. If not, enter date service was requested.

March 27, 2021 - April 23, 2021

Name of physician and medical facility involved
Deerfield Florida House, Inc.

2. Statement of request: Provide a brief explanation of the problem and the resolution you are seeking. Describe the medical service or requested service.

See attached STATEMENT OF REQUEST

You are responsible for submitting:

- A copy of the Final Adverse Determination from BCBSM or its third party designee
- Pertinent documentation, such as bills, explanations of benefits, medical records, correspondence, statements from doctors, research material that supports your position, etc.

Note: It is your responsibility to submit medical records. Always send copies. Never send original documents.

4. This request is being filed by (choose one)

- ☒ The patient – provide patient's contact information in Part 5
- ☐ The patient's parent (if patient is a minor child); or the patient's legal guardian – provide parent or legal guardian's contact information in Part 5
- ☐ A representative authorized by the patient – provide authorized representative's contact information in Part 5

5. Contact information for person filling this form

Name of Patient, Parent, Legal Guardian or Authorize Representative
Jacob A. Perrone

Address **3555 Shearwater Lane**

City **East Lansing** | State **MI** | Zip **48823**

Daytime phone number | Evening phone number
517.719.4657 517.719.4657

If you are not the patient, what is your relationship to the patient?

If person filling is NOT the patient or the patient's parent or the patient's legal guardian, the patient must designate the representative by reading and signing the statement in Part 6 below:

6. Patient authorization statement

I authorize the person named in Part 5 to act as my authorized representative in this External Review.

Signature of Patient | Date

7. Authorization to review medical information

I authorize the Independent Review Organization and any other health care provider needed to review protected health information and records pertaining to this external review.

Signature of Patient | Date

Jacob Perrone

8. Send your Request for External Review to:

BCBSM External Review Requests
 600 Lafayette East – Mail Code 1620
 Detroit, MI 48226 – 2998
 Fax: 877-348-2210

3. Urgent External Review Requirements (If you are not requesting an urgent external review, or your request does not meet the conditions below, skip to Part 4.)

The following conditions must be met:

- An urgent INTERNAL review has been requested AND
- The request is filed within 10 days of receipt of adverse determination AND
- A physician substantiates the medical condition involved in the adverse determination is serious enough to jeopardize the life or health of the covered person.

My request meets these requirements. By completing items (3a.) and (3b.), I am requesting an Urgent External Review.

(3a.) Date you requested an Urgent INTERNAL review _____

(3b.) Name and phone number of substantiating physician _____

Telephone number (Expedited External Review request only. Conditions in section 3 must be met.): 313-225-0646

STATEMENT OF REQUEST

On March 25, 2021 in preparation for the provided service BCBSM was contacted to determine whether the service would be covered. Maria, a representative of BCBSM, advised that I would be able to apply for member Reimbursement. Maria advised that BCBSM would process the claim although it was out of network. I was led to believe by the representations of BCBSM that the facility and the service would be covered by BCBSM. This induced me to pay for the service out of pocket with the understanding that I would be allowed to seek Member Reimbursement pursuant to the terms of the policy. After the service was provided for BCBSM was contacted on numerous occasions and BCBSM representatives repeatedly advised to file for Member Reimbursement and repeatedly requested that the provider use appropriate revenue and procedure codes to process the claim. After the claim was finally processed it was denied although BCBSM stated on numerous occasions that the claim would be approved.

On January 24, 2022, a decision was made on my appeal. BCBSM acknowledge that they received a phone call on March 25, 2021, from my spouse requesting why the services were declined. BCBSM acknowledges that they my spouse was informed that she could submit a request for Member Reimbursement that would pay for the services. By providing assurances that BCBSM would pay for the claim through Member Reimbursement they agreed to pay the claim. If the services were to be performed by a non-participating provider, BCBSM shouldn't have represented the services would be paid through Member Reimbursement. Further, a pre-approval to support the necessity of admission wasn't required as BCBSM already represented it would be covered by Member Reimbursement. Further, based upon it being a psychiatric emergency it very evident that a pre-approval would have been granted. BCBSM also recognizes that they could have been more specific regarding the coverages.

Executive Services
600 E. Lafayette Blvd. MC 1620
Detroit, MI 48226-2998
bcbsm.com



000058



1620
JACOB PERRONE
3555 SHEARWATER LN
EAST LANSING, MI 48823

Member Name:	JACOB PERRONE
Enrollee ID:	[REDACTED]
Provider Name:	Deerfield Florida House, Inc.
Service Date(s):	March 27, 2021 - April 23, 2021
Type(s) of Service:	Mental Health Services
Claim Charge(s):	\$18,000 and \$5,000

January 24, 2022

We made a decision on your appeal.

Dear Mr. PERRONE:

This letter is in response to the appeal you submitted regarding the denial of payment for your mental health services. After review, I confirmed that because your residential treatment and partial hospitalization services were rendered by a nonparticipating provider, the denial of payment is appropriate and must be maintained.

As a Grievance and Appeals Coordinator, I reviewed your claim(s), your appeal, and your health care plan benefits.

You are covered by the Edward W. Sparrow Hospital group health benefits plan, which includes the *Comprehensive Health Care Certificate Series CMM, ASC (Certificate)*. Page 23 of the *Certificate*, under "Psychiatric Residential Treatment" and page 24 of the *Certificate* under "Psychiatric partial hospitalization program" explains that treatment services are payable by a facility that participates with Blue Cross Blue Shield of Michigan (BCBSM) or with its local Blue Cross Blue Shield plan if located outside of Michigan. Because your provider is nonparticipating

L-Y

APP-15622

with the local Blue Cross Blue Shield of Florida plan, these services are excluded from your coverage.

In your appeal letter, you stated that you were advised by BCBSM that your services would be covered. Upon review of a phone call placed to our provider servicing department on March 25, 2021 by a representative from Deerfield Florida House, I confirmed that we gave specific benefit information to the facility based on the NPI (provider identification number) and procedure codes that the provider intended to bill. The provider was advised that the services would not be covered by the health plan. Further, inpatient charges for room and board are not covered without a preapproval to assess the necessity of the admission, which we are unable to complete when the admitting facility is nonparticipating.

On the same day (March 25, 2021), we received a phone call placed by your wife. I confirmed that Mrs. Perrone stated that she was informed by the facility that the services were declined by the insurance, which is true, and agreed to self-pay. Your wife asked if there were any options for reimbursement of any portion of the charges. Mrs. Perrone was provided with general out-of-network coverage information, which is not specific to the actual services being performed, and the representative informed your wife that she could submit a request for reimbursement.

It is important to know that Blue Cross provides a disclaimer which advises callers at the time of the call that benefit quotes are not a guarantee of payment. Payment is determined upon receipt of the claim. Because the claim reported with your wife's request for reimbursement does not support covered services (the services were performed by a nonparticipating provider and there is no preapproval to support the necessity of the admission), the claim does not qualify for out-of-network coverage under the health plan. Further, we are unable to honor a request for payment on a one-time basis based on the series of phone calls reviewed because correct and specific benefit information was provided before the services occurred prompting a self-pay arrangement.

Blue Cross recognizes that the representative assisting your wife could have been more specific regarding the coverage information provided, and we will use this information to better our member services for our members.

This is Blue Cross Blue Shield of Michigan's final determination regarding your appeal. If you disagree with this decision, you may request an external review at no cost to you from an Independent Review Organization (IRO) within 4 months of receiving this notice. An IRO may review appeals involving medical judgement. To request the external review, please complete the enclosed Request for External Review form and send it to:

BCBSM External Review Requests
600 East Lafayette Blvd - Mail Code 1620
Detroit, MI 48226 - 2998
Fax: 877-522-4767

If you need assistance with this process, please contact a Blue Cross representative by calling (877) 790-2583. There are also state and federal agencies available to assist you with any additional questions with the appeals process.

At the federal level, you can contact the Employee Benefits Security Administration at 1-866-444-EBSA (3272). At the state level, you can contact the Department of Insurance and Financial Services at 1-877-999-6442 or for general information, you can visit: www.michigan.gov/difs.

Once we receive your request for an external review, Blue Cross will randomly assign your request to a contracted IRO which meets legal requirements to ensure against bias and ensure independence. Your request will be reviewed to see if it requires medical judgement or meets other federal requirements for review.

The IRO will notify you and Blue Cross if it accepts your case for review because it involves medical judgement. The IRO will inform you and Blue Cross of its decision on your case within 45 days. Blue Cross will abide by the IRO's recommendation. The Independent Review Organization's decision ends the appeal process.

The Blue Cross Regulatory Affairs area will notify you if your case is not accepted by the IRO because the IRO determines your case does not involve a medical judgement.

If you still remain dissatisfied following the IRO's review you have the right to bring a civil action under ERISA (Employee Retirement Income Security Act) section 502(a), as amended. If you wish to pursue a civil action, you must initiate your civil action within 3 years of receiving a final determination from the external review. Or, if your company's plan document specifies a different timeframe, you must initiate a civil action within the timeframe specified in your company's plan documents. You must complete the external review process before you bring a civil action under section 502(a).

You are also entitled to receive, upon request and free of charge, reasonable access to any and all documents, including copies of the actual benefit provision, guideline, protocol, medical policy or other similar criterion on which the appeal decision was based. Diagnosis and treatment codes and their corresponding meaning are also available upon request, unless precluded by other laws. We will also provide you with the standard on which the adverse determination was based.

To request copies of the above or any documents on which this decision was based, please write to 600 E. Lafayette Blvd, Detroit, Michigan 48226-2998, Mail Code 1620.

Sincerely,

Shameka Woodson

Shameka Woodson
Grievance & Appeals Coordinator
Executive Services

**MEMBER APPEAL FORM**

Blue Cross Blue Shield of Michigan will accept your request for an appeal when the request is submitted within **180 days from the initial denial notification**. If more than 180 days have passed since you were notified, and you still have a question, please call your Customer Service Center using the number on the back of your BCBSM ID card.

ENROLLEE/PATIENT INFORMATION			
Enrollee's Name Ashley Perrone	BCBSM Enrollee ID [REDACTED]	Group Number [REDACTED]	
Patient Name (if different from enrollee) Jacob Perrone	Relationship to Enrollee <input type="checkbox"/> Self <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Dependent	Daytime Telephone Number 5177194657	
Mailing Address 3555 Shearwater Ln	City East Lansing	State MI	Zip Code 48823

APPEAL REQUEST	
<p>You can appeal a pre or post-service claim.</p> <p>A pre-service claim is a claim for services that requires approval from Blue Cross, as medically necessary, before you receive the service, item, treatment, or prescription drug; this is sometimes referred to as prior authorization, prior approval, or preauthorization.</p> <p>A post service claim is a claim that you or provider submitted for payment for a service or item you think is covered.</p>	
<p>Have you already received the service(s)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Did your claim(s) deny because you or your provider did not get authorization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	

Please complete the following information:	
Provider Name Deerfield Florida House Inc.	Type of Service Residential Mental Health Hospital and PHP
Date(s) of Service 03/27/2021 -- 4/23/2021	Total Charge Amount \$ 24,000.00

TELL US WHY YOU'RE APPEALING	
<p>On March 25, 2021 in preparation for the provided service BCBSM was contacted to determine whether the service would be covered by BCBSM. On March 25, 2021 Maria advised on behalf of BCBSM that I would be able to apply for Member Reimbursement for the service although it had been verified it was a non-participating provider. Maria advised that it would process out of network. I was lead to believe that the service would be covered by insurance and induced to pay for the service out of pocket. After the Service was provided BCBSM was contacted on numerous occasions and BCBSM representatives repeatedly advised to file for Member Reimbursement and provided assistance in ensuring the provider used appropriate revenue and procedure codes to process the claim. After the claim was processed it was denied although it was repeatedly stated by BCBSM that the claim would be covered.</p>	
Your Signature 	Date Signed 11-26-21

Mail this completed form to **Blue Cross and Blue Shield of Michigan, 600 E. Lafayette Blvd., M.C. 1620, Detroit, MI 48226-2998, or fax it to 877-522-4767.**

- Attach any documents you'd like BCBSM to consider in support of your appeal (e.g., receipts, medical records, etc.)
- If you would like someone else to communicate with us and act on your behalf regarding this appeal, please complete the Designation of Authorized Representative for Appeal form and attach it to your appeal request.
- All appeal decisions will be sent to you in writing and will include a detailed explanation about the decision. We will respond to your appeal for a post-service claim within 60 days of when we receive your request and within 30 days for a pre-service claim.

Blue Cross Blue Shield of Michigan is an independent licensee of the Blue Cross and Blue Shield Association



Jacob A. Perrone <jacob@perronelawpc.com>

RE: Itemized Bill

1 message

Ayelen Garcia <agarcia@fhehealth.com>
To: "Jacob A. Perrone" <jacob@perronelawpc.com>
Cc: David Deckard <ddeckard@fhehealth.com>

Tue, Oct 19, 2021 at 10:09 AM

Good morning,

Attached is the new claim; I have corrected what BCBS requested and added the HCPCS.



Ayelen Garcia
RCM Specialist
FHE Health
www.fhehealth.com
Phone: (954) 421-6242 Direct: (954) 794-7158
Fax: (412) 451-8656
agarcia@fhehealth.com



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From: Ayelen Garcia <agarcia@fhehealth.com>
Sent: Thursday, August 12, 2021 4:33 PM
To: Jacob A. Perrone <jacob@perronelawpc.com>
Subject: RE: Itemized Bill

Hello Jacob,



A nonprofit corporation and independent licensee
of the Blue Cross and Blue Shield Association

Member Reimbursement

I paid out of pocket and I am
requesting reimbursement
for medical services.

Usually, we pay your health care providers for you without you having to do anything. But, sometimes you have to pay the doctor or hospital yourself. This form is how you ask us to reimburse you.

Please fully complete the form, print clearly

Section 1 — Member information				
From your Blue Cross Blue Shield of Michigan member ID card	Subscriber's alpha-numeric contract number		Blue Cross group number	
	Alpha:	Numeric:		
	XYQ			
Subscribers last name		first name		
PERRONE		ASHLEY		
Subscriber's street address				
3555 SHEARWATER LN				
City		State	ZIP	
EAST LANSING		MI	48823	
Section 2 — Patient information				
Patient's first name		Sex	Medicare HIB / MBI number	
JACOB		M <input type="radio"/> F <input type="radio"/>	N/A	
Patient's date of birth	Date of illness or injury	Admission date		Discharge date
02/22/1982	03/27/2021	03/27/2021		04/23/2021
Was this related to:		Check box that applies		Other health insurance Yes <input type="radio"/> No <input checked="" type="radio"/>
Auto Accident Work Related		<input type="checkbox"/>		
Metabolic Diseases & Foods		<input type="checkbox"/>		
Accidental Dental		<input type="checkbox"/>		
		This was related to:		
		Other:		
		RESIDENTIAL MENTAL HEALTH HOSPITAL AND PHP		
Section 3 — Other insurance information				
Name of other insurance			Policy number	
N/A				

I certify that the above information is true, and the enclosed material is correct and unaltered, and the expenses were incurred by the patient. I understand all material submitted becomes the property of Blue Cross Blue Shield of Michigan and will not be returned. I realize false receipt or fraudulent alterations of these materials will result in civil or criminal prosecution. I authorize the release of any information necessary to process or review this claim.

Sign after printing.

X

Signature

Date

10-19-21

DEERFIELD FLORIDA HOUSE INC.		DEERFIELD FLORIDA HOUSE INC.		PAT CNTL # 924496946		4 TYPE OF BILL 112	
504 SOUTH BEAC FL 33441-4117		504 S FEDERAL HIGHWAY		5 FED. TAX NO. 582670224		6 STATEMENT COVERS PERIOD FROM 032721 THROUGH 041621	
(954) 421-0087		DEERFIELD BEACH FL 334414117					
8 PATIENT NAME a 43305512		9 PATIENT ADDRESS a 3555 SHEARWATER LANE					
b PERRONE, JACOB		b EAST LANSING		c MI d 48823		e	
10 BIRTHDATE 02221982		11 SEX M		12 DATE 032721		13 HR 12	
14 TYPE 3		15 SRC 9		16 DHR 30		17 STAT	
18		19		20		21	
22		23		24		25	
26		27		28		29 ACCT STATE	
30		31 OCCURRENCE CODE		32 OCCURRENCE DATE		33 OCCURRENCE CODE	
34 OCCURRENCE DATE		35 OCCURRENCE CODE		36 OCCURRENCE SPAN FROM		37 OCCURRENCE SPAN THROUGH	
38		39		40		41	
BCBS MICHIGAN		PO BOX 1798		JACKSONVILLE, FL 32231-0014			
42 REV. CD.		43 DESCRIPTION		44 HCPCS / RATE / HPPS CODE		45 SERV. DATE	
46 SERV. UNITS		47 TOTAL CHARGES		48 NON-COVERED CHARGES		49	
1001		BEHAVIORAL HEALTH ACCOMM				032721 1.0 857.15	
1001		BEHAVIORAL HEALTH ACCOMM				032821 1.0 857.15	
1001		BEHAVIORAL HEALTH ACCOMM				032921 1.0 857.15	
1001		BEHAVIORAL HEALTH ACCOMM				033021 1.0 857.15	
1001		BEHAVIORAL HEALTH ACCOMM				033121 1.0 857.15	
1001		BEHAVIORAL HEALTH ACCOMM				040121 1.0 857.15	
1001		BEHAVIORAL HEALTH ACCOMM				040221 1.0 857.14	
1001		BEHAVIORAL HEALTH ACCOMM				040321 1.0 857.14	
1001		BEHAVIORAL HEALTH ACCOMM				040421 1.0 857.14	
1001		BEHAVIORAL HEALTH ACCOMM				040521 1.0 857.14	
1001		BEHAVIORAL HEALTH ACCOMM				040621 1.0 857.14	
1001		BEHAVIORAL HEALTH ACCOMM				040721 1.0 857.14	
1001		BEHAVIORAL HEALTH ACCOMM				040821 1.0 857.14	
1001		BEHAVIORAL HEALTH ACCOMM				040921 1.0 857.14	
1001		BEHAVIORAL HEALTH ACCOMM				041021 1.0 857.14	
1001		BEHAVIORAL HEALTH ACCOMM				041121 1.0 857.14	
1001		BEHAVIORAL HEALTH ACCOMM				041221 1.0 857.14	
1001		BEHAVIORAL HEALTH ACCOMM				041321 1.0 857.14	
1001		BEHAVIORAL HEALTH ACCOMM				041421 1.0 857.14	
1001		BEHAVIORAL HEALTH ACCOMM				041521 1.0 857.14	
1001		BEHAVIORAL HEALTH ACCOMM				041621 1.0 857.14	
0001		PAGE 1 OF 1		CREATION DATE 081221		TOTALS 18,000.00 0.00	
50 PAYER NAME BCBS MICHIGAN		51 HEALTH PLAN ID 582670224		52 FIEL INFO Y		53 AGG BEN Y	
54 PRIOR PAYMENTS 18,000.00		55 EST. AMOUNT DUE 0.00		56 NPI 1649500182		57 OTHER 582670224	
58 INSURED'S NAME PERRONE, JACOB		59 P. REL 18		60 INSURED'S UNIQUE ID XYQ924547483		61 GROUP NAME	
62 INSURANCE GROUP NO. 007004954		63 TREATMENT AUTHORIZATION CODES		64 DOCUMENT CONTROL NUMBER		65 EMPLOYER NAME	
66 DX F31.2 Y F12.20 Y		67		68		69	
69 ADMIT DX F31.2		70 PATIENT REASON DX		71 PPS CODE		72 ECI	
73		74 PRINCIPAL PROCEDURE CODE		75		76 ATTENDING NPI 1598828881	
77 OPERATING NPI		78 OTHER NPI		79 OTHER NPI		80 REMARKS 18,000.00 PAID BY JOSEPH PERRONE ON 3.27.2021 BY AMEX	
81CC a		b		c		d	

DEERFIELD FLORIDA HOUSE INC		DEERFIELD FLORIDA HOUSE INC		924495038		4 TYPE OF BILL	
504 SOUTH FEDERAL HWY		504 SOUTH FEDERAL HIGHWAY		b. MED. REC. #		134	
DEERFIELD BEAC FL 33441-4112		DEERFIELD BEACH FL 334414112		5 FED. TAX NO.		6 STATEMENT COVERS PERIOD FROM	
(954) 421-6242				582670224		041721 042421	
8 PATIENT NAME		a 43305512		9 PATIENT ADDRESS		a 3555 SHEARWATER LANE	
b PERRONE, JACOB		b EAST LANSING		c MI		d 48823	
10 BIRTHDATE		11 SEX		12 DATE		13 HR	
02221982		M		032721		12 3	
14 SRC		15 DHR		16 DHR		17 STAT	
06		01					
18		19		20		21	
22		23		24		25	
26		27		28		29 ACCT STATE	
30		31 OCCURRENCE CODE		32 OCCURRENCE DATE		33 OCCURRENCE DATE	
34		35 OCCURRENCE DATE		36 OCCURRENCE SPAN FROM		37 OCCURRENCE SPAN THROUGH	
38		39		40		41	
BCBS MICHIGAN		a		b		c	
PO BOX 1798		b		c		d	
JACKSONVILLE, FL 32231-0014		c		d			
42 REV. CD.		43 DESCRIPTION		44 HCPCS / RATE / HPPS CODE		45 SERV. DATE	
0912		A/D OR MH PHP		S0201		041721	
0912		A/D OR MH PHP		S0201		041821	
0912		A/D OR MH PHP		S0201		041921	
0912		A/D OR MH PHP		S0201		042021	
0912		A/D OR MH PHP		S0201		042121	
0912		A/D OR MH PHP		S0201		042221	
0912		A/D OR MH PHP		S0201		042321	
46		47		48		49	
0001		PAGE 1 OF 1		CREATION DATE		081221	
50 PAYER NAME		51 HEALTH PLAN ID		52 REL INFO		53 AGG BEN.	
BCBS MICHIGAN		582670224		Y		Y	
54 PRIOR PAYMENTS		55 EST. AMOUNT DUE		56 NPI		1649500182	
5,000.00		0.00		57 OTHER PRV ID		582670224	
58 INSURED'S NAME		59 P. REL		60 INSURED'S UNIQUE ID		61 GROUP NAME	
PERRONE, JACOB		18		XYQ924547483		62 INSURANCE GROUP NO.	
63 TREATMENT AUTHORIZATION CODES		64 DOCUMENT CONTROL NUMBER		65 EMPLOYER NAME			
66 F31.2		F12.20		67		68	
69 ADMIT DX		70 PATIENT REASON DX		71 PPS CODE		72 ECI	
F31.2							
74 PRINCIPAL PROCEDURE CODE		a. OTHER PROCEDURE CODE		b. OTHER PROCEDURE CODE		75	
c. OTHER PROCEDURE CODE		d. OTHER PROCEDURE CODE		e. OTHER PROCEDURE CODE			
80 REMARKS		81CC		82		83	
5,000.00 PAID BY		a		b		c	
JOSEPH PERRONE ON		b		c		d	
03272021 BY AMEX		c		d			
76 ATTENDING		NPI		77 OPERATING		NPI	
1598828881		QUAL		FIRST		ALBERT MD	
LAST CASTELLON		FIRST		LAST		FIRST	
78 OTHER		NPI		79 OTHER		NPI	
QUAL		QUAL		LAST		FIRST	
LAST		FIRST		LAST		FIRST	



Deerfield Florida House
 504 South Federal Highway
 Deerfield Beach FL 33441-4112
 954-505-5357 | 772-360-1127 | www.fherehab.com

Jacob Perrone
 3555 Shearwater Lane
 East Lansing, MI 48823

Statement of Account

Provider: **Deerfield Florida House, Inc.**
 Address: 504 S. Federal Highway,
 Deerfield Beach, FL 33441
 TIN: 58-2670224
 NPI: 1649500182

<u>Description of Services</u>	<u>Date Range</u>	<u>Revenue/ CPT Code</u>	<u>Units / Days</u>	<u>Unit Price</u>	<u>Amount</u>
MH RES	03/27/21 – 04/16/21	1001	21	\$857.15	\$18,000
MH PHP	04/17/21 – 04/23/21	0912	7	\$714.29	\$5,000
Medication/Labs	3/27/21-4/23/2021	-	28	-	\$1,000
Total Paid					\$24,000